#### Crosswalk Management System

Report REPORT CROSSWALK TO STATE

Filename acrobat distiller

Run by OPS\$PCUMMING

Report Date 03-FEB-05 02:48

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Status: FN Substance Abuse and Mental Health Services Administration

Media ID: CDS

Start Date: 01-OCT-91

End Date : Follow-up :

Nevada's Treatment Episode Data Set

Office of Applied Studie

Version: 1

K = K	Key Field	System		<u>Nevada</u>
Item		Item		
No.	Treatment Episode Data Set		Value	State System Data
1	System Transaction Type	-	System Tr Record	ransaction Type Added to Each
K 2	State Code	НІ	FIPS Cod	le Added to Each Record
3	Reporting Date	-	Month an Each Rec	nd Year of Submission Added to ord

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	K = Key Field Item		Minimum					<u>Nevada</u>	
No.	Trea	atme	nt Episode Data Set	Iter	m	Value	e	State System Data	
K 1		Pro	vider Identifer	01		Provid	der ID	)	
K 2		Clie	nt Identifer (Admission)	02	,	Uniqu	e Clie	ent ID	
K 3		Co-	Dependent/Collateral			Co-De	pende	ent/Collateral Not Collecte	d
		2	No			2	No		
K 4		Clie	nt Transaction Type	04	ļ	Client	Tran	saction Type	
		A	Initial Admission			-		l Admission into Facility or inuation, Same Service	
		T	Transfer/Change in Service	ee		-		ce Change or Transfer	
K 5		Date	e of Admission	05	<b></b>	Trans	action	ı Date	
6		Nun	nber of Prior Treatment E	pisodes 08	}	Numb	er of	Prior Treatment Episodes	
		0	0			0	None	<b>;</b>	
		1	1			1	1		
		2	2			2	2		
		3	3			3	3		
		4	4			4	4		
		5	Or More			5	5 or 1	More	
		7	Unknown			7	Unkr	nown	

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K = Key Field Item		Minim			<u>Nevac</u>	
No.	Treatme	ent Episode Data Set	Item	Value	State System Data	
7	Pri	ncipal Source of Referral	05	Princi	pal Source of Referral	
	01	Individual (includes self-referral))		01	Individual	
	02	Alcohol/Drug Abuse Provider		02	Alcohol/Drug Abuse Care Provider	•
	03	Other Health Care Provider		03	Other Health Care Provider	
	04	School (Educational)		04	School (Education)	
	05	Employer/EAP		05	Employee/EAP	
	06	Other Community Referral		06	Other Community Referral	
	07	Court/Criminal Justice/DUI/DWI		07	Criminal Justice Referral/Court/DUI/DWI	
	03	Other Health Care Provider		08	Mental Health/Mental Retardation	
	97	Unknown		97	Unknown	
8	Dat	e of Birth	09	Date o	of Birth	
9	Sex		10	Sex		
	1	Male		1	Male	
	2	Female		2	Female	
10	) Rac	ee	11	Race		
	01	Alaska Native (Aleut, Eskimo, Indian)		01	Alaskan Native	
	02	American Indian ( Other than Alaskan Native)		02	American Indian	
	03	Asian or Pacific Islander		03	Asian or Pacific Islander	
	04	Black or African American		04	Black	
	05	White		05	White	
	20	Other		20	Other	
	97	Unknown		97	Unknown	
	13	Asian				
	23	Native Hawaiians or Other Pacific Islanders				

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K = K Item No.	•		N t Episode Data Set	<b>Minimum</b> Item	Value	e State System Data	<u>Nevada</u>
11	 [ ]	Ethni	icity	12	Ethnic	<u> </u>	
		01	Puerto Rican		01	Puerto Rican	
		02	Mexican		02	Mexican	
	(	03	Cuban		03	Cuban	
	(	04	Other Specific Hispanic		04	Other Hispanic	
	(	05	Not of Hispanic Origin		05	Not of Hispanic Origin	
	9	97	Unknown		97	Unknown	
12	<b>2</b> ]	Educ	ation	13	Highe	st School Grade Completed	
		01- 25	Years of School(Highest Grad General Equivalency Degree, 12)		00-25	00-25	
	(	00	Less Than One Grade Comple	eted	00-25	00-25	
13	<b>3</b> ]	Empl	loyment Status	14	Emplo	oyment Status	
	(	01	Full Time		01	Full Time	
	(	02	Part Time		02	Part Time	
		03	Unemployed		03	Unemployed	
		04	Not in Labor Force		04	Not in Labor Force	
	9	97	Unknown		97	Unknown	

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K = K Item	Ley Field	Minim	<b>num</b> Item		<u>Nev</u>	<u>ada</u>
No.	Treatme	nt Episode Data Set	Ittili	Valu	state System Data	
14		stance Problem Codes ( Primary- "Secondary-14B, Tertiart-14C)	17	Probl Tertia	lem Substances, Primary, Secondary, ary	
	02	Alcohol		0201	Alcohol	
	03	Cocaine, Crack		0301	Crack	
	03	Cocaine, Crack		0302	Other Cocaine	
	04	Marijuana, Hashish ( includesTHC and other Cannabis Sativa preperations)		0401	Marijuana/Hashish	
	05	Heroin		0501	Heroin/Morphine	
	06	Non-Prescription Methadone		0601	Non-Prescription Methadone	
	07	Other Opiates and Synthetics		0701	Codeine	
	07	Other Opiates and Synthetics		0702	D-Propoxyphene	
	07	Other Opiates and Synthetics		0703	Oxycodone	
	07	Other Opiates and Synthetics		0704	Meperidine HC1	
	07	Other Opiates and Synthetics		0705	Hydromorphone	
	07	Other Opiates and Synthetics		0706	Other Narcotic Analgesics	
	07	Other Opiates and Synthetics		0707	Pentazocine	
	08	PCP		0801	PCP or PCP Combination	
	09	Other Hallucinogens		0901	LSD	
	09	Other Hallucinogens		0902	Other Hallucinogens	
	10	Methamphetamine		1001	Methamphetamine/Speed	
	11	Other Amphetamines		1101	Other Amphetamines	
	11	Other Amphetamines		1102	Methylphenidate	
	12	Other Stimulants		1201	Other Stimulants	
	12	Other Stimulants		1202	Caffeine/Coffee	
	12	Other Stimulants		1203	Nicotine/Tobacco	
	13	Benzodiazepine		1301	Alprazolam	
	13	Benzodiazepine		1302	Chlordiazepoxide	
	13	Benzodiazepine		1303	Clorazepate	
	13	Benzodiazepine		1304	Diazepam	
	13	Benzodiazepine		1305	Flurazepam	
	13	Benzodiazepine		1306	Lorazepam	
	13	Benzodiazepine		1307	Triazolam	
	13	Benzodiazepine		1308	Other Benzodiazepine	

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K = Ke Item	y Field	Minin	num Item		<u>Neva</u>
No.	Treatme	nt Episode Data Set	100111	Value	State System Data
14		stance Problem Codes ( Primary- ,Secondary-14B, Tertiart-14C)	17	Probler Tertiar	n Substances, Primary, Secondary,
	14	Other Tranquilizers		1401	Meprobamate
	14	Other Tranquilizers		1403	Other Tranquilizers
	15	Barbiturates		1500	Other Barbiturates
	15	Barbiturates		1501 I	Phenobarbital
	15	Barbiturates		1502	Secobarbital/Amobarbital
	15	Barbiturates		1503	Secobarbital
	16	Other Sedatives or Hypnotics		1601 I	Ethclorvynol
	16	Other Sedatives or Hypnotics		1602	Glutethimide
	16	Other Sedatives or Hypnotics		1603 I	Methaqualone
	16	Other Sedatives or Hypnotics		1604	Other Non-Barbiturate Sedatives
	16	Other Sedatives or Hypnotics		1605	Other Sedatives or Hypnotics
	17	Inhalants		1701	Aerosols
	17	Inhalants		1702	Nitrates
	17	Inhalants		1703	Other Inhalants
	17	Inhalants		1704	Solvents
	17	Inhalants		1705	Anesthetics
	18	Over-the-Counter		1800	Over-the-Counter
	18	Over-the-Counter		1801 I	Diphenhydramine
	20	Other		2001 I	Diphenylhydantoin Sodium
	20	Other		2002	Other Drugs
	97	Unknown		9997 t	Jnknown
15	Prin	al Route of Administration ( nary-15A, Secondary-15B, tiar-15C)	29	Usual F	Route of Administration
	01	Oral		01	Oral
	02	Smoking		02	Smoking
	03	Inhalation		03 1	nhalation
	04	Injection (IV or intramuscular)		04 I	njection
	20	Other		20	Other
	97	Unknown		97 I	Jnknown

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K = Key Field		Minim	um			<u>Nevada</u>
Item No.	Treatme	nt Episode Data Set	Item	Valı	ie State System Data	
16		quency of Use ( Primary-16A, ondary-16B, Tertiary-16C)	28	Freq	uency of Use	
	01	No past month use		01	No Use in Past Month	
	02	1-3 times in past month		02	1-3 Times in Past Month	
	03	1-2 times per week		03	1-2 Times in the Past Week	
	04	3-6 times per week		04	3-6 Times in the Past Week	
	05	Daily		05	Daily	
	97	Unknown		97	Unknown	
17	0	of First Use (Primary-17A, ondary-17B, Tertiary-17C)	30	Age	of First Use	
	97	Unknown		97	Unknown	
K 18	Тур	oe of Services	18	Туре	of Service	
	01	Hospital Inpatient ( Detox, 24 hour Service)		01	Detox - Hospital Inpatient	
	02	Free-standing Residential ( Detox, 24 hour Service)		02	Detox - Free Standing Residentia	al
	03	Hospital (other than detox)		03	Residential - Hospital	
	04	Short-term, (30 days or fewer)		04	Residential Short Term - 30 Day Less	s or
	05	Long-term, (more than 30 days)		05	Residential Long Term - Over 3	0 Days
	06	Intensive Outpatient		06	Outpatient - Intensive	
	07	Non-Intensive Outpatient		07	Outpatient - Non-Intensive	
	08	Ambulatory Detoxification		08	Outpatient - Detoxification	
19	19 Opioid Replacement Therapy (Planned or Actual)WasUse of Methadone Planned/Actual		25		of Methadone Planned as Part of tment	
	1	Yes		1	Yes	
	2	No		2	No	

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		•			<u>Nevada</u>		
Item No.	Treatm	ent Episode Data Set	Item	Va	lue	State System Data	
1	De	tail Drug Code, Primary	17	Sub	stance	e Problem - Primary	
2	De	tail Drug Code, Secondary	17	Sub	stance	e Problem - Secondary	
3	De	tail Drug Code, Tertiary	17	Sub	stance	e Problem - Tertiary	
4	DS	M Diagnosis	22	DSN	M-IIII	R Diagnosis	
	## <del>1</del> ##	#. DSM III-R Category		###. #	.# ##;	#. <del>##</del>	
5		vchiatric Problem in Addition cohol or Drug Problem	to 23	Clie Illne		agnosed as Also Having Ment	al
	1	Yes		1	Ye	S	
	2	No		2	No		
6	Pro	egnant at Time of Admission	23	Pre	gnant	at Time of Admission	
	1	Yes		1	Ye	s	
	2	No		2	No		
7	Ve	teran Status	17	Vet	eran S	Status	
	1	Yes		1	Ye	s	
	2	No		2	No		

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K = Key Field Item			<b>Optional</b> Item		<u>Nevada</u>
No.	Treatmen	nt Episode Data Set	Item	Value	e State System Data
8	Livi	ng Arrangements	16	Living	g Arrangements
	01	Homeless		01	Homeless: Shelter
	02	Dependent Living		03	Dependent Living
	03	Independent Living		04	Independent Living
	01	Homeless		04	Homeless: Transient; No Fixed Address
	01	Homeless		05	Homeless: Lives on Street
	01	Homeless		06	Homeless: Lives With Friends or Relatives
	97	Unknown		97	Unknown
9	Sou	rce of Income/Support	31	Prima	ry Source of Income/Support
	01	Wages/Salary		01	Wages/Salary
	02	Public Assistance		02	Public Assistance
	03	Retirement/Pension		03	Retirement/Pension
	04	Disability		04	Disability
	20	Other		20	Other
	21	None		21	None
	97	Unknown		97	Unknown
1(	0 Hea	lth Insurance	18	Health	n Insurance
	01	Private Insurance (other than BCBS or HMO)		01	Private Insurance
	02	Blue Cross/Blue Shield		02	Blue Cross/Blue Shield
	04	Medicaid		03	Medicare
	03	Medicare		04	Medicaid
	06	Health Maintenance Organiza (HMO)	tion	06	Health Maintenance Organization (HMO)
	20	Other (e.g. TriCare, Champus	)	20	Other
	21	None		21	None
	97	Unknown		97	Unknown

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K = K Item	ey Field	Op	otional Item				Nevaa
No.	Treatme	nt Episode Data Set	10111	Valu	e	State System Data	
11		ected/Actual Primary Source of ment	33			rimary Source of Payment for nent Episode	r
	01	Self-Pay		01	Self-	Pay	
	02	Blue Cross/Blue Shield		02	Blue	Cross/Blue Shield	
	03	Medicare		03	Med	icare	
	04	Medicaid		04	Med	icaid	
	05	Other Government Payments		05	Othe	r Government Payments	
	06	Worker's Compensation		06	Wor	ker's Compensation	
	07	Other Health Insurance Companies		07	Othe	r Health Insurance Companies	
	08	No Charge ( Free, Charity, Special Research or Teaching)		08	No C	Charge	
	09	Other		09	Othe	r	
	97	Unknown		97	Unkı	nown	
12	2 Deta	ailed Not in Labor Force	16	Detai	led No	ot in Labor Force	
	01	Homemaker		01	Hom	emaker	
	02	Student		02	Stud	ent	
	03	Retired		03	Reti	red	
	04	Disabled		04	Disa	bled	
	05	Inmate of Institution ( Prison or Institution - keeps people out of work force)		05	Inma	ate	
	06	Other		06	Othe	r	
	97	Unknown		97	Unk	nown	

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K = Key Field Item			Optional Item			<u>Nevada</u>
No.	Treatm	ent Episode Data Set		Valı	ue State System Data	
13		tailed Criminal Justice Refer tegories	ral 08	Deta		
	01	State/Federal Court		01	State/Federal Court	
	02	Other Court ( Not State or Federal)		02	Formal Adjudication Process	
	03	Probation/Parole		03	Probation/Parole	
	04	Other Recognized Legal En Local Law, Corr. Agncy, Yo Ser., Review Board		04	Other Recognized Legal Entity	
	05	Diversionary Program (E.G TASC)		05	Diversionary program	
	06	Prison		06	Prison	
	07	DUI/DWI		07	DUI/DWI	
	08	Other		08	Other	
	08	Other		09	Jail	
	08	Other		10	Civil Protective Custody	
	97	Unknown		97	Unknown	
	98	Not Collected		98	Not Collected	
14	4 M:	arital Status	15	Mari	ital Status	
	01	Never Married		01	Never Married	
	02	Now Married or Cohabitation	ng	02	Now Married	
	03	Separated (legally or otherwabsent)	vise	03	Separated/Absent from Spouse	
	04	Divorced		04	Divorced	
	05	Widowed		05	Widowed	
	02	Now Married or Cohabitatii	ng	06	Living Together as Married	
	97	Unknown		97	Unknown	
	98	Not Collected		98	Not Collected	
15	5 Da	ys Waiting to Enter Treatme	ent 34	Days	Waiting to Enter Treatment	
	99	7 Unknown		997	Unknown	

# Crosswalk Management System REPORT CROSSWALK TO STATE

End of Report